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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/559,891 |
| | Filing Date | December 6, 2005 |
| | First Named Inventor | Adrian R.L. Travis |
| | Group Art Unit | 2629 |
| | Confirmation Number | 2859 |
| | Examiner Name | Robert E. Carter, III |
| <input type="checkbox"/> Sent via Express Mail Label No.: | Attorney Docket Number | 324003.07 |

| ENCLOSURES (check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply (pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> General Power of Attorney (SB80) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
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| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application. | | |

| SIGNATURE OF ATTORNEY OR AGENT | | | | |
|--------------------------------|-----------------------|-----------------------------------------------------------------|----------------|------------------------------|
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